



# Your guide to recovery



**Information about gynecology surgery  
at Hamilton Health Sciences**



# Welcome to Women's Reproductive Health at Hamilton Health Sciences

Your doctor has recommended gynecology surgery to help the problems you are having with your reproductive system. This book will help you to learn about gynecology surgery when you need to stay in the hospital overnight for a day or more. The health care team at the hospital will also help you learn about this type of surgery and how to prepare for a healthy recovery.

We encourage you to learn as much as you can. Knowing what to expect can help you feel less anxious and better prepared. If you have any questions or concerns, please ask your doctor or nurse. We welcome your questions at any time.

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## Learning about your body

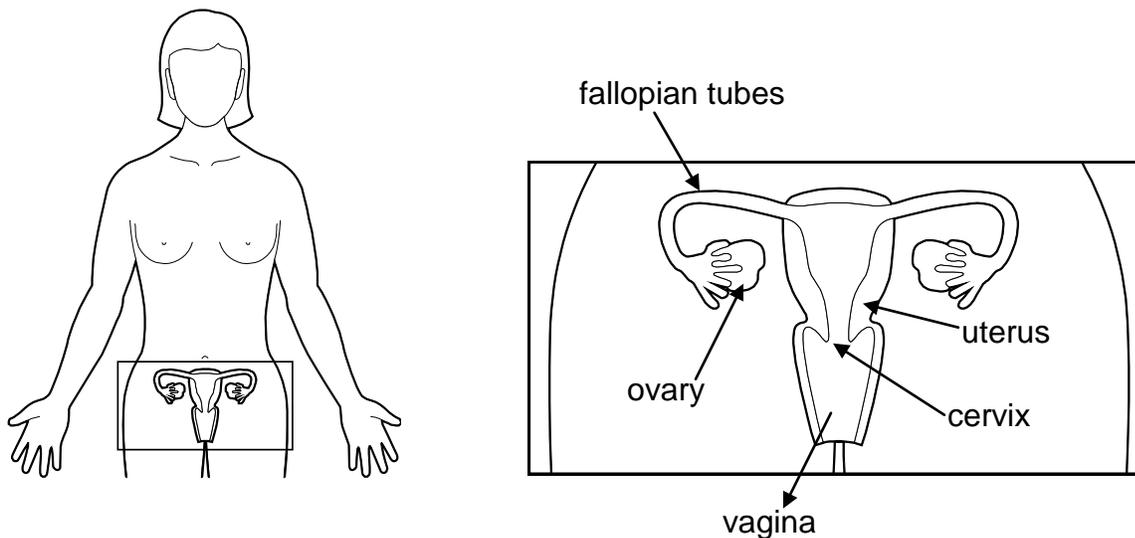
To understand your surgery, you need to know about these parts of your body.

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<b>Vagina</b>	The opening that leads to the cervix and uterus. Where the bleeding during a period comes out.
<b>Cervix</b>	The lower part of the uterus that opens into the vagina. A Pap test is taken from this part of the uterus.
<b>Uterus</b>	The part of your body where a baby can grow. The bleeding during a period comes from the uterus.
<b>Fallopian tubes</b>	Narrow tubes on each side of the uterus that end near the ovaries. When an egg is released from the ovary it travels through the fallopian tube to the uterus.
<b>Ovaries</b>	Small glands close to the end of each fallopian tube. Ovaries store and release eggs and make the hormones called estrogen and progesterone.

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**This picture shows these parts of the body**



## Why do I need gynecology surgery?

Many gynecology problems can be relieved or helped by surgery. Talk with your doctor about the problems you are having and how surgery can help. Ask the doctor any questions that you may have.

### Some common reasons for gynecology surgery

#### Prolapsed uterus

- Prolapsed means your uterus has moved out of its normal position and down into your vagina. This happens when the ligaments and tissues that hold up the uterus become weak. Ligaments may become weak from many pregnancies, low amounts of estrogen during menopause or from having other types of abdominal surgery.
- A prolapsed uterus may cause pain, infections or problems passing urine or having bowel movements.

#### Bladder or bowel problems

- The sides of the vagina help to hold the bladder and rectum (the lowest part of the bowel) in place. If the sides of the vagina become weak, the bladder and rectum can bulge into the vagina. Problems with the bladder (called cystocele) may cause pressure, pain, difficulty passing urine, incontinence or a frequent urge to urinate. Problems with the rectum (called rectocele) may cause pressure, pain, constipation or difficulty having bowel movements.
- The bladder or the muscles that support the bladder may become weak from many pregnancies, low amounts of estrogen during menopause or from having other types of abdominal surgery. You may have problems holding your urine, especially when you are active, laughing or coughing.

## **Fibroids**

- Fibroids are growths from the muscle of the uterus. The hormone estrogen makes them grow larger. They can grow on the inside or outside of the uterus. Fibroids are rarely caused by cancer.
- For many women, fibroids do not cause problems and don't need treatment. In some women, fibroids can cause pain and heavy bleeding.

## **Endometriosis**

- Endometriosis means there are patches of tissue like that of the lining of the uterus, growing outside of the uterus. These patches may be found on the fallopian tubes, ovaries, bladder or rectum. The cause of endometriosis is not known.
- During your period these patches bleed, but the blood cannot flow to the outside of your body. This can cause pain and scarring. Your periods may be heavy or irregular.

## What type of surgery do I need?

There are many types of gynecology surgery. Some women need more than one type of surgery done at the same time. Talk with your doctor about the type of surgery he or she recommends to help your gynecology problems. The doctor will tell you the risks and benefits of the surgery and other treatments that are available. Ask the doctor any questions that you have.

Many gynecological procedures can be safely done by laparoscopy.

This means inserting a thin tube-like instrument with a light and video camera (laparoscope) and surgical instruments through small incisions.

Your surgeon will discuss with you the most appropriate way to have your surgery.

## Types of gynecology surgery

For these types of surgery you usually need to stay in the hospital overnight for a day or more.

### □ Hysterectomy

A hysterectomy is an operation that removes your uterus.

- A total hysterectomy removes the uterus including the cervix.
- A sub-total hysterectomy removes the upper part of the uterus and leaves the cervix in place.

There are 4 ways that a hysterectomy may be done.

- Laparoscopic hysterectomy: You will have several small incisions in your abdomen for the tiny video camera and other instruments. Your uterus is removed through an incision in your vagina.
- Vaginal hysterectomy: Your uterus is removed through an incision in your vagina. No abdominal incisions are needed.
- A laparoscopically assisted vaginal hysterectomy: A vaginal hysterectomy is aided by laparoscopy.
- Abdominal hysterectomy: If the procedure cannot be done vaginally or by laparoscopy, your uterus is removed through an incision in your abdomen.

#### **❑ Salpingo-oophorectomy**

This surgery removes the fallopian tubes and ovaries. You may need both tubes and ovaries removed or the tube and ovary from one side.

#### **❑ Anterior and posterior repair**

The surgery to relieve cystocele and rectocele is called anterior and posterior repair, or A&P repair. During the surgery the bulge is removed by making tucks in the vagina.

#### **❑ Abdominal sacral vaginopexy**

Abdominal sacral vaginopexy or ASVP is an operation in which the vagina is moved back into its usual position and held in place with stitches or mesh.

#### **❑ Retropubic urethropexy**

Retropubic urethropexy or RPU is surgery to repair the bladder. During surgery, the bladder is moved back into its usual position and held in place with stitches.

#### **❑ Laser surgery**

Laser surgery for endometriosis is done by laparoscopy.

## Getting ready at home

A few days before surgery, you will need to visit the Pre-op Clinic. Depending on the type of surgery you are having, your visit may include:

- a medical history
- blood tests
- an electrocardiogram (ECG) to check your heart
- a visit with the Anesthesiologist
- a visit with a medical specialist

Talking with members of the health care team during your pre-op visit can help you know what to expect during and after surgery. This will help you feel less anxious and better prepared for your recovery.

Use the “Patient’s checklist for surgery” to help you prepare for surgery. Check each item as you get ready to come to the hospital.

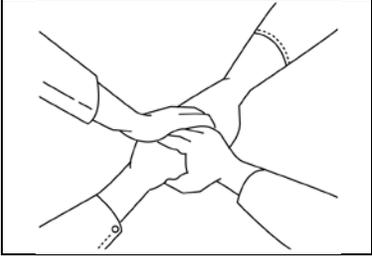
### What to bring to the hospital

- Your Health Card
- Pajamas or nightgown and a housecoat
- Well-fitting, non-slip footwear
- Unscented soap, shampoo, deodorant, lip balm
- Tissues, toothpaste, toothbrush and hairbrush
- A denture cup, if needed
- Sanitary pads
- All medications that you take regularly, in labeled pharmacy containers
- Several pairs of loose, comfortable underwear
- Loose, comfortable clothes to wear home
- Your own pillow, if you wish

Please do not bring in jewelry or valuables. The hospital is not responsible for lost or stolen articles.

## Hospital care

### A team approach



A team of people provide your care.  
We work together to meet your needs.

The members of your health care team include:

- you, your partner, support persons and family
- health care providers such as your gynecologist, hospital nurses, social worker, pharmacist, or dietitian
- support staff such as the business clerk and environmental aide
- supervised students and health care professionals in training

### Be involved in your care

We encourage you to be an active member of your health care team.

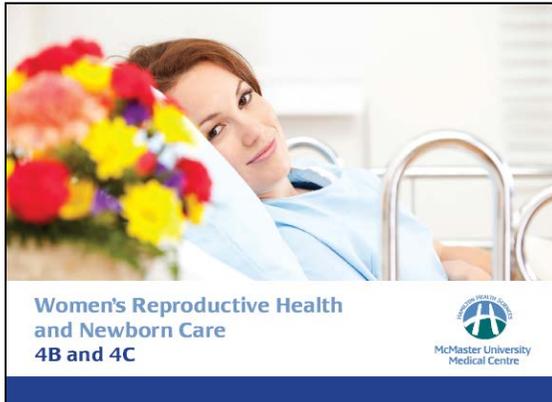
You can be involved by:

- sharing information about your health
- telling us your wishes
- learning about your health and taking care of yourself
- letting us know what information or help you need

Feel free to ask questions at any time. We want you to have enough information and support to feel comfortable making health care decisions.

Always feel free to ask members of your team including your doctors if they have washed their hands.

## Your feedback is important to us



- During your stay, please take a few minutes to fill out our “**Quality Counts**” postcard to tell us about your experience in our hospital.
- Put your postcard in the mailbox on the ward.

## Communication

For us to work as a team, communication is very important. We welcome your comments and questions at any time. Always ask for any information you need from your health care providers during your hospital stay.

We will protect the privacy of your personal health information. The members of the health care team only share information as needed, to provide the best care for you.

If you have a limited understanding of English, it is helpful to bring another adult who understands English to help with interpretation.

## Bedside safety checks

At the start of each shift, a bedside safety check will be done. Nurses will check your hospital armband for correct spelling, identification number and allergies.

## Hospital services

### Telephones, communication devices and television

On Ward 4B-2 you can rent a bedside phone and/or television from Hospitality Network. Information about this service is at your bedside. To contact the Hospitality Network and order your phone or TV, press 0 for assistance.



**Safety First**

Electronic communication devices can interfere with medical equipment such as monitors and infusion pumps.

**Cell and mobile phones, hand held devices, 2-way radios and wireless network devices must be TURNED OFF when entering patient care areas (wards, outpatient rooms, diagnostic test areas).**

These devices may only be used in common areas of the hospital (lobbies, cafeterias, public hallways and business offices) if kept at least 1 metre away from any medical device.

### Wireless internet service

Patients and visitors can access wireless high speed internet by connecting to our i-visitor network, powered by Cogeco. Your device will scan and notify you that the HHS i-visitor network is available. Connect to the i-visitor network, log in and choose which plan you wish to purchase. For full information and pricing, visit:

[www.hamiltonhealthsciences.ca/hotspots](http://www.hamiltonhealthsciences.ca/hotspots)

The **Information desk** and **bank machines** are located on the 2<sup>nd</sup> floor.

## Gift Shop

McMaster 'Give' Shop and McMaster Floral Design is located on the 2<sup>nd</sup> floor, just inside the main entrance to the hospital. Call ext. 75346.

The gift shop has many items, such as:

- sanitary pads
- ladies disposable mesh underwear
- toiletries



## Pharmacy

McMaster Drugstore is located on the 2<sup>nd</sup> floor, just inside the main entrance to the hospital. If you have a prescription, you may want to get it filled here before you leave the hospital.

## Food and snacks

Food on the ward is provided for patients. Visitors can buy food and snacks in these places:

- The **Corner Café** is located on the 2nd floor at the main entrance and is always open. You can buy drinks and food, such as muffins, soup, sandwiches and bagels. Call ext. 75344.
- **Marketplace on Main**, our cafeteria, is located on the 1st floor. It is open Monday through Friday, during the day. Call ext. 73904.
- Vending machines are located throughout the hospital.

## Parking

Hamilton Health Sciences Volunteer Association manages the parking lots. There is an hourly rate for parking with a daily maximum.

If you visit often, you can get vouchers or a pass at a reduced rate from the Parking Office. The Parking Office is beside the Main Street exit in the underground parking lot.

For more information about parking services and rates:

- Call 905-521-2100, ext. 76156
- Visit [www.hamiltonhealthsciences.ca/body.cfm?id=2714](http://www.hamiltonhealthsciences.ca/body.cfm?id=2714)

**For more information about Hamilton Health Sciences, please visit our website: [www.hamiltonhealthsciences.ca](http://www.hamiltonhealthsciences.ca)**

## Visiting on Ward 4B-2

Family and visitors are an important part of patient care. However, we need to limit the number of visitors to help prevent the spread of infection, ensure patient safety and help patients rest and recover.

We ask that your visitors be in good health. If your visitors are not feeling well, please ask them not to visit. This includes symptoms such as cough, fever, runny nose, sore throat, diarrhea or vomiting.

**Visiting hours are between 11 am and 8 pm.**

Visits from family and friends are welcome. During visiting hours, you can have 2 healthy adult visitors at a time. This includes your partner or support person.

Choose the family members and friends who are most important to you to visit at the hospital. If other people wish to visit, please ask them to visit you at home.

Children may visit during visiting hours, provided your partner or another responsible adult stays with them at all times.

During your hospital stay you will be learning about your care. You may need time to rest. You may find it helpful to ask your visitors to stay for only a short time.

To promote mutual respect, we ask all patients, visitors and staff to be respectful of others. If you have a roommate, please consider her needs for rest, care and privacy. There are times when it is better to be with your visitors in the family lounge.

You can read more information about visiting in the 4B Welcome Package. You will receive the Welcome Package when you are admitted to Ward 4B-2.

## Please wash your hands



**JUST CLEAN  
YOUR HANDS**

Handwashing is the best way to stop the spread of germs that could cause illness or infections.

Everyone must wash their hands:

- when entering and leaving each unit or ward
- when entering and leaving a patient's room

You can wash your hands with soap and water, or use an alcohol-based hand rub (hand sanitizer).

The Ontario Hospital Association provides instructions on cards and posters in most areas of the hospital.

## We are a fragrance restricted hospital

Many of our staff and patients have asthma and other allergies. Please do not wear or bring perfume, cologne, aftershave, scented hairspray or other scented products.

## We are a smoke-free hospital

	<p><b>Smoking is not allowed anywhere on the hospital grounds, including parking lots, garages and vehicles.</b></p>
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We appreciate your co-operation in providing a safe and healthy environment for all our patients, visitors, staff and doctors.

If you would like help to quit smoking:

- Talk to your health care provider
- Call Smokers' Helpline at 1-877-513-5333 or visit [www.smokershelpline.ca/](http://www.smokershelpline.ca/)
- Call the City of Hamilton Tobacco Hotline at 905-540-5566

## Coming to the hospital

Please bring all your prescription medications in their labelled pharmacy containers. If you cannot bring them, make a list of all the medications you are taking and give it to your nurse. While you are in the hospital, the doctor will order your medication and the nurse will give them to you. **Do not take your own medications.**

When you come to the hospital, go to Patient Registration on Level 2, yellow section. Then go to the Same Day Surgery Unit on Level 2, yellow section.

The nurse will admit you and:

- check your temperature, blood pressure, pulse and breathing
- review your medications
- help you get ready for surgery

**Please feel free to ask questions at any time.**

Before your surgery, the nurse will put an intravenous (IV) tube into a vein in your arm, to give you fluids and medication.



When you are ready, someone will walk with you to the operating room (OR) receiving area. If you prefer to use a wheelchair, please tell the nurse.

If you have glasses, dentures, or hearing aids you may wear them.

A nurse and doctor from the OR will review your surgery and answer your questions. Once in the OR you will take part in a safety checklist that reviews all information related to your surgery. You will be asked to breathe oxygen from a mask over your nose and mouth.

The Anesthesiologist will give you medications through your IV to make you sleep and feel no pain during surgery.

When you are asleep, a thin tube called a catheter will be put into your bladder to drain urine and keep it empty.

## After surgery, your care in the hospital

**If you have questions or concerns at any time, please tell your nurse. We are here to help!**

After your surgery you will go to the recovery room, which is called the Post Anesthetic Care Unit, or PACU. When you arrive in PACU you will have:

- an oxygen mask put on your face
- an oxygen monitor on your finger to check the oxygen level in your blood
- a heart monitor to check your heart rate
- your blood pressure, pulse and respirations checked every 5 to 15 minutes
- your incision checked frequently

There are no visitors allowed in the PACU. There is a waiting area near the operating room. To get information there is a phone available to talk with a nurse.

The average stay in PACU is 1 to 2 hours. You will stay in PACU until you are fully awake. You will then be taken back to Same Day Surgery or you will go to the ward. If you need to stay overnight in the hospital, you will be admitted to Ward 4B-2.

## How you may feel



When you wake up after surgery, you may feel pain in your abdomen or in your vagina.

If you had laparoscopic surgery, you may also have pain in your shoulder. This pain is from the gas that is used to expand your abdomen during this type of surgery.

Your throat may feel sore from the tube used to help you breathe during surgery. If your mouth is dry, you may have some ice chips when you are fully awake.

Feeling stiff or achy is also normal at this time. These feelings will go away when you can move around more.

The amount of pain is different for each person. If you are having pain, tell your nurse.

To understand how you are feeling, your nurse will ask you to rate your pain on a scale from 0 (no pain) to 10 (worst pain).



The nurse can help you get more comfortable and give you pain medication.

Some ways to manage pain include:

- comfort measures such as warm blankets, walking or music
- intravenous medication that you control called PCA (Patient Controlled Analgesia)
- medication that nurses give through intravenous or by injection
- pain pills taken by mouth

## Getting up and moving around



**Safety First**

**Prevent falls!**

**After surgery do not get out of bed by yourself, even if you feel well.**

**A nurse will help you.**

After surgery, do not get out of bed by yourself. When you get up, you may feel tired, shaky, dizzy, faint, sick (nauseated) or uncomfortable. Use your call bell when you need the nurse to come and help you. The nurse will help you get up the first time. This may be the evening of your surgery, or the next morning.

Getting out of bed as soon as possible will help you recover. You will need help at first to sit in a chair or go to the bathroom. If you feel faint or dizzy, call the nurse to help you get back to bed.



**Safety First**

**The nurse will decide when it is safe for you to get up on your own.**

**If you need help right away, each room and shower has an emergency call bell.**

To prevent a fall, always wear well-fitting, non-slip footwear when you get out of bed. Do not walk barefoot or in socks.

Take short walks in your room and in the hallway on the first or second day after surgery. Rest after each walk.

On Ward 4B-2 you and your visitors may use the TV lounge located across from room 18. Please ask your nurse if you can leave the ward. If you leave the ward you must sign out on the clipboard at the nursing desk.

## Your intravenous

You will have an intravenous (IV) in your arm to give you fluids and medications. The nurse usually removes it the day after your surgery.

## Starting to eat and drink

You may feel sick to your stomach (nauseated) after surgery. If you feel nauseated, you will start by having ice chips and water.

Your doctor will decide the best diet for you. If you are on a special diet or have food allergies, please tell your nurse.

After surgery you may have a diet as tolerated, called DAT. You may start to drink and eat solid foods as you feel able. Meal trays will be delivered to your bedside at about 8 am, 12 pm and 4:30 pm.

When you are allowed to eat solid foods, eat or drink small amounts at a time. Gradually increase your diet as you recover. You may want to avoid carbonated drinks, which may cause gas.

**If you have questions about your diet, talk with your nurse.**

On Ward 4B-2 the kitchen is located behind the nurse's desk. An ice/water machine, cutlery, cups and straws are located in the kitchen. The kitchen is stocked with soup, coffee, tea bags, jam, peanut butter and crackers. There is milk, juice and bread in the patients' refrigerator. **This food is for patients only.**

You may bring snacks from home in labeled, single-use containers. If you take food from the refrigerator to your room, do not put it back in the refrigerator. This is important to prevent food contamination.

## **Your incision**

If you have incisions in your abdomen, each incision should be a clean, dry and closed line. There may be some bruising around your incision. The incision may be closed with stitches, staples, clips or a special adhesive. It may be covered by a dressing or tape that will be removed in 1 or 2 days.

If you have staples or stitches in your incision, they may be removed before you leave the hospital. The special adhesive, and some stitches that dissolve, do not need to be removed.

## **Your catheter**

You may have a catheter to drain urine from your bladder. This can give you the feeling that you need to pass urine, which is normal. When your catheter can be removed depends on the type of surgery you had. The nurse usually removes it 1 or 2 days after surgery.

After the catheter is removed, the nurse will show you how to measure your urine and write it down. This is done to check that your bladder is emptying completely.

If you had bladder repair surgery or you have trouble emptying your bladder, you may continue to need a catheter.

## **Intermittent catheterization**

- This means putting a catheter into your bladder about 4 times a day. The catheter is not left inside.
- The nurse will ask you to try and empty your bladder before putting in the catheter. This is repeated about every 6 hours until your bladder is emptying well.
- Some women need to continue intermittent catheterization at home. If you need to do this, the hospital nurses will teach you how to put in the catheter and a nurse may visit you at home.

## Exercises to help you recover

During the first few days, do these exercises every hour that you are awake. You can do these exercises lying down or sitting up.

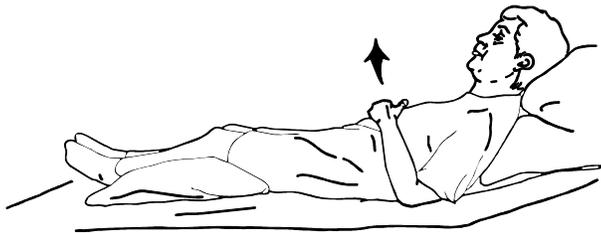
### Deep breathing and coughing exercises

Deep breathing and coughing help to:

- keep your lungs expanding fully
- clear mucous from your lungs and throat
- reduce the chance of getting a chest infection

How to do deep breathing and coughing

1. Lie on your back with your knees bent or if you can, sit up in a chair.
2. Put your hands high up on your stomach as shown in the pictures. If you have an abdominal incision, hold onto your incision with your hands or hold a pillow over your incision.
3. Breathe in as deeply as you can. Feel your stomach push out against your hands.
4. Breathe out slowly through pursed lips, like blowing out a candle.
5. Repeat 5 times.
6. Then take a deep breath and make a strong, deep cough.  
**Just clearing your throat is not enough.**



Deep breathing (lying down)



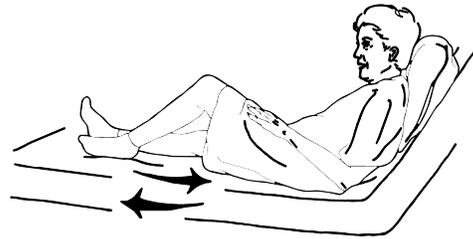
Coughing (sitting up)

## Leg exercises

Leg exercises help keep blood flowing in your legs. It will also help if you do not cross your legs when you are lying or sitting.

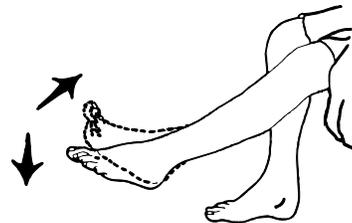
### Exercise 1: Slide your heel

1. Sit up in bed with both legs straight.
2. Bend one knee, sliding your foot up the bed.
3. Gently slide this foot down the bed until the leg is straight.
4. Repeat 10 times with this leg.
5. Repeat the exercise with the other leg.



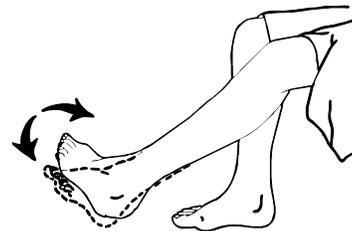
### Exercise 2: Point and flex your foot

1. Point and flex one foot 10 times. Relax.
2. Repeat with the other leg.



### Exercise 3: Circle your foot

1. Straighten one leg and circle the foot to the right 10 times. Then circle this foot to the left 10 times. Relax.
2. Repeat with the other foot.



## Your hygiene

It is normal to have discharge from your vagina after surgery. This discharge may be like a period or different, depending on the type of surgery you had. You will need to wear a sanitary pad. When you are able, change your pad every few hours.

Your nurse can help you with bathing and hygiene until you are able to do this by yourself. Ask your nurse when you can have a shower. On Ward 4B-2 there is a shower across from the reception desk. Towels, gowns and soap are available in the shower. We do not have a bathtub on the ward.

## Getting your bowels moving

The first or second day after surgery, you may feel gas pains in your stomach or abdomen. This is normal as your bowels start to work again. Walking or rocking can relieve gas pains. Drinking warm liquids may also help. Do not use a heating pad or hot water bottle on your abdomen as they could burn your skin.

You may need a stool softener, laxative or enema before you have a bowel movement. Having a bowel movement will take away gas pain. You may or may not have a bowel movement before going home.

## Getting ready to go home

You and your doctor will plan when you can go home. When you go home depends on the type of surgery you had and how well you are recovering. Most women go home 1 to 3 days after surgery.



You will be able to go home when you are:

- drinking fluids and eating solid foods
- passing gas
- emptying your bladder well
- feeling comfortable with pain medications by mouth

## Questions about your care at home

### How do I care for my incision(s)?

If you have incisions on your abdomen, check them each day. Each incision should be a clean, dry and closed line. Call the doctor if your incision is red, painful, bleeding or draining.

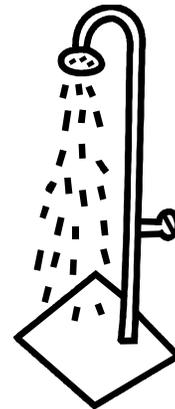
If you go home with clips or stitches in your incisions, make sure you have an appointment to have them taken out. Your nurse can tell you if this appointment should be with your family doctor, gynecologist or the doctor that did your surgery.

### When can I have a bath or shower?

Keeping your incisions clean and dry will help them heal.

You may have a shower at any time. You may have a bath when you are able to safely get in and out of the bathtub. You may use regular soap.

Do not use bath salts or bath oils on your incisions. Rinse and gently pat your incisions dry after the shower or bath.



### How long will I have bleeding or discharge from my vagina?

It is normal to have some swelling, bleeding or discharge for 2 to 3 weeks after surgery. If you had an A&P repair, you may have some vaginal bleeding for up to 6 weeks. The bleeding should be less than a heavy period. The amount of discharge should gradually decrease. Use sanitary pads to protect your underwear. Do not use tampons until after your follow-up appointment with your doctor.

## What can I do to relieve pain?

Your doctor may give you a prescription for pain medication. You can fill the prescription at the hospital pharmacy (main lobby, 2<sup>nd</sup> floor) before you go home, or have it filled at your local pharmacy.

When you have less pain, you may prefer to take pain pills such as acetaminophen (Tylenol®) or ibuprofen (Advil® or Motrin®). You can buy these pills without a prescription. For the best possible pain relief, take pain pills regularly, as directed.

Listen to your body. If you find that an activity gives you pain, stop and rest. Wait a few days before trying that activity again.

## What activities can I do?

At first, you may find your usual activities too hard for you. If an activity is uncomfortable, stop that activity and try it again in a day or two.

Do not do activities that could pull or strain your abdomen, such as:

- walking your dog
- strenuous cleaning such as vacuuming
- lifting anything over 4 kg or 10 pounds (the weight of a bag of groceries or a small baby)



Over the next 6 weeks as your body heals, gradually increase your activities. Exercise such as walking can help you recover.

Talk with your doctor about when you can resume other forms of exercise, such as aerobics or swimming.

When you feel tired, stop and rest. Sitting or standing for a long time, or driving, may be uncomfortable because there may be swelling inside your abdomen.

You will probably need to arrange for some help when you come home from the hospital.

You may need:

- Help with meals, housework and child care.
- Someone to drive you for a couple of weeks, if you have had an abdominal surgery. Driving could strain your abdomen.
- Time off work. The length of time off work depends on the type of surgery you have, how well you are recovering and the type of work you do. Talk with your doctor about when you could return to work.



If you do not have someone to help you, please talk with your nurse. You may be eligible for support services from the Community Care Access Centre (formerly called Home Care) or you may arrange and purchase the support and services you need.

## **How will I feel?**

Each person feels differently after surgery. Some women feel relieved. Some women feel sad or “blue”. These feelings are normal. As your body heals and you are able to resume your activities, these feelings will lessen.

It may help to talk about your feelings with a close friend or someone in your family. If you feel overwhelmed by these feelings or they do not lessen over time, please get help from your doctor or health care provider.

Depending on the type of surgery you had, you may feel tired for several weeks after surgery. Plan time to rest or take a nap. This can make you feel better and help your body heal.

## **What should I eat?**

Healthy eating will help your body heal. This means choosing a variety of foods from all food groups each day: fruits and vegetables, whole grains, meats and alternates, milk and milk products.

Eating high-fibre foods can keep your bowels healthy and regular. Foods that are high in fibre include fruits, vegetables and whole grain breads and cereals.

If you have any questions about your diet, please talk to your nurse or ask to speak with a dietitian before you go home.

## **What about hormone replacement therapy?**

If you have not gone through menopause yet and your ovaries have been removed, you will have less estrogen and progesterone hormones. You may develop symptoms of menopause such as hot flashes, night sweats, vaginal dryness or feeling jittery.

If these symptoms continue, you may wonder about taking hormone replacement therapy (HRT). There are many types of HRT. The risks and benefits of HRT are different for each woman, depending on her personal health. Talk to your doctor about whether HRT may be helpful for you.

## **When can I have sex?**

This depends on how well your body heals and how comfortable you feel. This is different for each person. Your doctor may advise you to wait to have intercourse until after your follow-up appointment when he or she can check how your body is healing.

The woman on top position may be most comfortable for intercourse. Using a water-soluble lubricant (such as Astroglide®) may be helpful to relieve vaginal dryness.

Your interest in sex may be low, as it may be after any surgery. When you have intercourse, you and your partner should not notice anything different. If you notice changes, discuss them with your partner and your doctor.

## **When should I see the surgeon again?**

Before you go home from the hospital, make sure you have an appointment to see the surgeon who did your surgery. The appointment is about 6 weeks after your surgery. At this time, the surgeon may do a physical examination to make sure you are recovering well.

## **Will I still need pelvic exams and Pap tests?**

Depending on your health history, your doctor may continue pelvic exams to check inside your body.

If your cervix was not removed, you will still need regular Pap tests.

## When to call the doctor

**Call your family doctor or the doctor that did your surgery if you notice ANY of these problems:**

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<b>Fever</b>	<ul style="list-style-type: none"><li>• Your temperature is 38°C (100°F) or higher.</li></ul>
<b>Vaginal flow</b>	<ul style="list-style-type: none"><li>! You have heavy bleeding – soaking a pad in 1 or 2 hours, or passing large clots (the size of an egg) from your vagina.</li><li>• There is a change in the discharge from your vagina. For example, it increases in amount, has a bad smell or that area is very itchy.</li></ul>
<b>Incision</b>	<ul style="list-style-type: none"><li>• Pain in your incision that does not get better with medication.</li><li>• Your incision is bleeding, draining or coming open.</li><li>• The skin around your incision is red or swollen.</li></ul>
<b>Passing urine</b>	<ul style="list-style-type: none"><li>• You have the urge to pass urine all the time.</li><li>• You have trouble passing urine.</li><li>• You have pain, burning or bleeding when you pass urine.</li></ul>
<b>Abdomen</b>	<ul style="list-style-type: none"><li>• You have trouble passing gas or having a bowel movement.</li><li>• You have pain in your abdomen or feel sick to your stomach.</li></ul>
<b>Other</b>	<ul style="list-style-type: none"><li>! You have pain or tenderness in your leg (thigh or calf) with swelling, redness or warmth.</li><li>! You have trouble breathing, chest pain or cough up blood.</li><li>! You have fainting or dizziness for more than a few seconds.</li></ul>

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If you have concerns about your gynecology surgery, do not wait for your follow-up appointment. Call your family doctor, the gynecologist that did your surgery, or the gynecologist on-call (call 905-521-2100 ext. 76443 and ask to have the gynecologist on-call paged).

If you are unable to reach the doctor, go to an urgent care centre or the nearest emergency department that serves adults.



**Problems marked with this sign are emergencies. Call 911 or go to the nearest emergency department that serves adults.**

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## Urgent and emergency care in Hamilton

<b>Urgent care</b> Open 7 days a week	<b>Emergency care</b> Open 24 hours a day, 7 days a week
<ul style="list-style-type: none"><li>• St. Joseph's Healthcare Hamilton (King Campus) 2757 King Street East, Hamilton Hours 8 am to 10 pm</li><li>• Main Street West Urgent Care Centre 690 Main Street West Hours 9 am to 9 pm</li></ul>	<p><b>All ages:</b></p> <ul style="list-style-type: none"><li>• Juravinski Hospital 711 Concession Street</li><li>• Hamilton General Hospital 237 Barton Street East</li><li>• St. Joseph's Healthcare Hamilton (Charlton Campus) 50 Charlton Avenue East</li></ul> <p><b>Children and youth, ages 17 and under ONLY</b></p> <ul style="list-style-type: none"><li>• McMaster University Medical Centre 1200 Main Street West</li></ul>







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